

# Employee Benefits Application Form

## Discover your Employee Benefits





- + Use this form if you wish to set up salary packaging for benefits under your capped limit including mortgage/rent, loan repayments, credit card repayments and/or other general living expenses.
- + If you wish to apply for the EML salary packaging card, please complete the card application at the back of this form and you will be sent an invitation via email to complete the process.
- + Please refer to your employer's policy for a full menu of benefits

- I am a new customer (please complete section A)
- I am an existing customer (please complete section B)

## Get in Touch

### We'd love to hear from you

If you have a question about this form, or any of your Salary Packaging Employee Benefits:

-  1300 40 25 23
-  nswhealth@salarypackagingplus.com.au
-  www.salarypackagingplus.com.au
-  PO Box 7066, Melbourne VIC 3004

## Section A - Your Details

Please complete all applicable fields. Please ensure to provide a home contact in case your circumstances change.

Title	<input type="text"/>	Legal Name	<input type="text"/>							
Gender	<input type="text"/>	Date of Birth	<input type="text" value="d"/>	<input type="text" value="d"/>	<input type="text" value="m"/>	<input type="text" value="m"/>	<input type="text" value="y"/>	<input type="text" value="y"/>	<input type="text" value="y"/>	<input type="text" value="y"/>
Payroll ID	<input type="text"/>		Preferred Name	<input type="text"/>						
Employer	<input type="text"/>		Salary	<i>Please provide payslip as well</i>						
Facility/Hospital	<input type="text"/>		Pay Cycle Name (if known)	<input type="text"/>						
Employment Status	<input type="checkbox"/> Full/Part Time	<input type="checkbox"/> Casual	<input type="checkbox"/> Fixed Term Contract and End Date	<input type="text"/>						
Home Address	<i>street address</i>									
	<i>suburb</i>		<i>state</i>	<i>postcode</i>						
Postal Address (if different to above)	<i>street address</i>									
	<i>suburb</i>		<i>state</i>	<i>postcode</i>						
Primary Email	<input type="text"/>		Secondary Email	<input type="text"/>						
Home Phone	<input type="text"/>		Mobile	<input type="text"/>						
Work Phone	<input type="text"/>									
Are you a Staff Specialist?	<input type="checkbox"/> Yes	Have you salary packaged at any other NSW Health agency since April 1?	<input type="checkbox"/> Yes. Specify where	<input type="text"/>						
	<input type="checkbox"/> No		<input type="checkbox"/> No							

## Section B - Existing Customers

Name

Date of Birth

Payroll ID

### Checklist

For SalaryPackagingPLUS to set up your new package, we need:

- + Completed Form**
- + Recent Payslip**
- + Evidence (if selecting reimbursement method)**
- + Casuals will need to complete the separate casuals form on our website**

## Salary Packaging

You can salary package living expenses and meal entertainment either using a salary packaging payment card, or by reimbursement. When using a card, your packaged funds will be deposited for regular spending on to the EML debit card. If you choose to package by reimbursement, we will deposit your payment directly to your nominated bank account on presentation of sufficient evidence.

## Living Expenses

### How would you like to package?

I would like to apply for the EML card

Please complete the EML card application form at the back of this form

\_\_\_\_\_ OR \_\_\_\_\_

By Reimbursement

Please list items you would like to package and attach evidence before submitting your application.

#### EVIDENCE EXAMPLES

**Mortgage:** Loan statement showing your name, minimum repayment amount and frequency

**Rent:** rental agreement or letter from real estate/landlord stating the amount and frequency

**Credit Card:** credit card statement(s) showing the repayments you have made

**Other:** tax invoices/bill with proof of payment

Item	Amount	Evidence Provided
<i>Eg: Mortgage Statement</i>	\$70.85	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Financial Institution

BSB Number

Account Number

Account Name

### How Much?

Please package the maximum amount for me

I'd like to package specific amounts per pay cycle.

Please deduct the amount below

\$  .

per

## Meal Entertainment

### How would you like to package?

I would like to apply for the EML card

Please complete the EML card application form at the back of this form

OR

By Reimbursement

Once you have accumulated \$500 worth of receipts, please complete and submit the separate meal entertainment claim form available on our website. You can also submit receipts via our online portal, MyKiosk.

Financial Institution

BSB Number

Account Number

Account Name

### How Much?

Please package the maximum amount for me

I'd like to package specific amounts per pay cycle.

Please deduct the amount below

\$  .

per

## Complete Your Application

Please tick those which apply to you:

I have a STSL Debt  
(formally known as HECS/HELP)

I do NOT claim the Tax-Free Threshold with this employer

### Declaration

I declare the following:

- I am eligible to participate in my employer's salary packaging program.
- I have read and agree to the terms and conditions of salary packaging as set by [NSW Health](#) and [SalaryPackagingPLUS](#).
- I authorise payroll deductions to enable payment of my chosen salary packaging benefit(s) and administration fee.
- I understand that benefit payments can only be made following deduction from my salary, and that non payment of salary will result in non payment of the benefit if there is insufficient balance in my salary packaging account.
- I acknowledge that it is my responsibility to confirm what effect, if any, this salary packaging will have on any government payments I receive or are required to make.
- I acknowledge the information provided by SalaryPackagingPLUS does not constitute financial or taxation advice.
- I acknowledge that any incorrect information provided to SalaryPackagingPLUS that results in a Fringe Benefits Tax liability will be my responsibility
- The information provided in this form is true and correct to the best of my knowledge.

### Salary Packaging Card Declaration (if applicable)

I have read and understand:

- The Meal Entertainment Card will only be used for meal entertainment expenses in accordance with NSW Health policy (if ticked yes for Meal Entertainment card)
- The NSW Health Living Expenses and Meal Entertainment Mastercard [Product Disclosure Statement](#)
- The EML [Financial Services Guide](#)

I have read and agree to the Privacy Policy which can be found at <http://www.salarypackagingplus.com.au/privacy>

Signed

Date

# Salary Packaging Card Application

## EML Meal Entertainment & Living Expenses Cards

### NSW Health Salary Packaging Card Program

EML Payments Pty Ltd are the approved supplier of NSW Health Salary Packaging Cards. There are 2 different cards available for employees to access Salary Packaging benefits:

- Living Expenses Card (LEC)** – used to access your expense reimbursement benefit cap of \$9,009. This card can be used to pay for the majority of your expenses wherever MasterCard is accepted.
- Meal Entertainment Card (MEC)** – used to access your Meal Entertainment benefit cap of \$2,650. This card can be used to pay for eligible Meal Entertainment expenses wherever MasterCard is accepted.

Both the LEC and MEC are required to be used in accordance with the NSW Health Salary Packaging Policy PD2018\_044 which can be accessed at [https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2018\\_044](https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2018_044)

### Card Fees

There is a \$66 annual fee for each card. \$5.50 will be charged to your MEC and/or LEC account on the 15th of each month. The fee will be charged after the first deduction is made onto the card. If there are insufficient funds in your account/s to cover the fee, it will accrue (be owed) and be charged to your account when sufficient funds are available.

### Card Application – how to apply

To apply for a LEC and/or MEC please provide details below and forward to your Salary Packaging Administrator. An electronic copy is preferred. EML will then send you an email inviting you to verify your details/address that your physical card will be delivered to.

When you have verified your details, your Salary Packaging Administrator will set up your deductions in accordance with your instruction below. If your deductions commence prior to you receiving your physical card you can access your benefit/s via the digital NSW Health Mastercard card [ie virtual card]; downloaded free of charge from your mobile application [App] store [search for EML Benefits].

*All fields are mandatory. Incomplete applications will be returned as they are unable to be processed.*

<b>LHD/Health Agency</b>		
<b>Title</b>	<b>Surname</b>	<b>Name</b>
<b>StaffLink ID</b>	<b>Date of Birth</b>	<b>Mobile Phone No</b>
<b>Email</b>		
<i>This is the email your card invite will be sent to and will act as your login ID to the EML website to manage your account/s</i>		
<b>Residential Address</b>		
<i>This cannot be a PO Box. Please include postcode</i>		
<b>Postal Address</b>		
<i>If different to the above</i>		
<b>I would like to apply for the EML:</b>		
Living Expenses Card – please indicate <i>either</i> :	\$9,009*	<b>OR</b> \$ _____ over _____ fortnights
Meal Entertainment Card – please indicate <i>either</i> :	\$2,650*	<b>OR</b> \$ _____ over _____ fortnights
* Deductions to LECs and MECs cease after the last pay in February each year. This is to allow sufficient time for you to spend your funds, as any funds on the cards at the end of the FBT year (ie 31 March) reduces the amount able to be packaged to the card in the following FBT year.		
<i>I agree to comply with the terms and conditions as outlined in the NSW Health Salary Packaging Policy PD2018_044</i>		
<b>Signature</b>		<b>Date</b> / /